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PSLC2

FORM TO BE USED IN FILING COMPLAINT UNDER
THE CIVIL RIGHTS ACT, 42 U.S.C. 1983

FILED
2002 JAN -2 PM 1:37
U.S. DIST. COURT
W. DIST. N.C.

IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE WESTERN DISTRICT OF NORTH CAROLINA

Asheville

(Leave this space blank)

1:02cv-1-mu-2

Wayne Thomas Johnson

Marion Court Inst. P.O. Box 2405

Marion, N.C. 28752

(Enter the full name and address of the
plaintiff or plaintiffs)

v.

PRISONER NO. 1213350

Ms. Sue Medford, Nurse Supervisor

11, Sidney Harkle Road Supt. 1, In

Their official And Individual Capacities,

(Enter the full name and address of the
defendant or defendants)

I. Have you begun other lawsuits in state or federal court
dealing with the same facts involved in this action?

Yes _____ No ☒

If your answer is "Yes", describe each such lawsuit in the space
below (or on additional sheets if necessary):

Who was (were) the plaintiff(s) in the previous lawsuit?

N/A

Who was (were) the defendant(s) in the previous lawsuit?

N/A

In what court was the suit brought? (If in federal court, name the
district; if in state court, name the county)

N/A

Date suit was filed: N/A

Docket number (if known): N/A

How did the lawsuit end? (For example, was it dismissed? Was it tried? Was it appealed? Is it still pending?)

N/A

II. Place of present confinement: Marion Corr. Inst., P.O. Box 2405, Marion, N.C. 28752
(Give name and address of place of confinement)

III. Give name and address of person to contact should your address change:

Sidney Harkle Road, Supt. P.O. Box 2405, Marion, N.C. 28752

IV. Parties

(In item A below place your name and address first. List the names and addresses of any other plaintiffs.)

A. Wayne Thomas Johnson
Marion Corr. Inst., P.O. Box 2405, Marion, N.C. 28752

(In item B below place the full name of the defendant, his official position and his place of employment in the first blank. List the names, official positions and places of employment of any other defendants in the remaining space.)

B. Suzanne Medford is employed as a Nurse Supervisor
and Head of Medical Ser. at Marion Corr. Inst.
Sidney Harkle Road, Supt. 1, Marion Corr. Inst.

V. Statement of claim

State here BRIEFLY the FACTS of your case. Tell what each defendant did. Include also dates, places and the names of other persons involved. If you intend to allege a number of related claims, number and set forth each claim in a SEPARATE PARAGRAPH. Use as much space as you need. Attach extra sheets if necessary.

- 1). On or about October 25, 2001 I requested to see a pediatricist concerning Corrective Shoes, that was essential in my childhood and all throughout the years of my adult life. I saw Doctor Morgan about this problem on the date or about the date above. He indicated Medical would take care of it. At the present I have still not seen a pediatricist and suffer much pain due to falling arches. Sue Medford and the Medical Staff have been deliberate indifferent to this serious medical need. In violation of the 8th amendment to the U.S. Constitution.
- 2). On the 21st of December 2001 I saw Mr. Harkle Road in the hallway coming from the Supper Meal. I ask if I would be permitted to take a paralegal course by mail. He advised me that I could not. There is not any threat to security or cost to the state or taxpayers. It would further my education and prevent my return to prison, while giving me a skill to rely on in the years to come. This is in violation of my 1st and 14th amendment rights to the U.S. Constitution.

This is not a statewide Policy and it discrimi-
nates against me, as well as other inmates
here at Marion. I know for a fact that other
inmates have been permitted to take such
courses here under the previous Supt. Walker,

VI. Relief

State BRIEFLY exactly what you want the court to do for you.

- 1) That this Honorable Court issue an order that
I be seen by a pediatricist, concerning my future
health and well being.
- 2) That the Court investi-
gate the matter of Correspondence Courses by
mail, to see if they have a valid Policy, that
detors such Courses in furtherance of Education.
- 3) For such other and further relief the Court deems

Signed this 27th day of December, 2001. ^{Necessary.}

Wayne Thomas Johnson

(Signature of plaintiff or plaintiffs.)
All who are plaintiffs must sign.

VERIFICATION:

I (We) declare UNDER PENALTY OF PERJURY that the foregoing statements are true and correct to the best of my (our) knowledge, except as to those matters that are stated in it on information and belief, and as to those matters I (We) believe them to be true.

12-99-01 Wayne Thomas Johnson

(Signature of plaintiff or plaintiffs)

IN FORMA PAUPERIS AFFIDAVIT

I, Wayne Thomas Johnson, attest under penalty of perjury that I am the petitioner in the above-entitled case; that I am a pauper and because of my poverty I am unable to pay the costs or to give security to prosecute this action.

I further attest under penalty of perjury that the responses which I have made to questions and instructions below are true.

1. Are you presently employed? Yes [] No [☒]
 - a. If the answer is "Yes", state the amount of your salary or wages per month, and give the name and address of your employer.
N/A
 - b. If the answer is "No", state the date of last employment and the amount of the salary and wages per month which you received.
N/A
2. Have you received within the past twelve months any money from any of the following sources?
 - a. Business, profession or form of self-employment? Yes [] No [☒]
 - b. Rent payments, interest or dividends? Yes [] No [☒]
 - c. Pensions, annuities or life insurance payments? Yes [] No [☒]
 - d. Gifts or inheritances? Yes [] No [☒]
 - e. Any other sources? Yes [] No [☒]

If the answer to any of the above is "Yes", describe each source of money and state the amount received from each during the past twelve months: N/A

3. Do you own cash, or do you have money in a checking or savings account? Yes [] No [☒] (Include any funds in prison accounts.)

If the answer is "Yes", state the total value of the items owned:

N/A

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes [] No [☒]

If the answer is "Yes", describe the property and state its approximate value: N/A

5. Do you have any debts or loans outstanding? Yes [] No [☒]

If the answer is "Yes", list to whom debts are owed, the amount of the debt, and the amount of any payments currently due: N/A

6. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support: None

I declare UNDER PENALTY OF PERJURY that the foregoing is true and correct.

I understand that a false statement or answer to any questions in this affidavit will subject me to penalties for perjury.

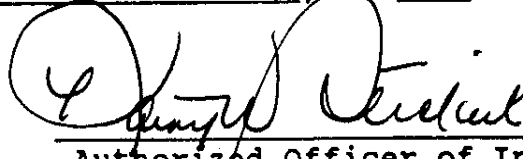
Wayne Thomas Johnson
Petitioner's signature
(Required as to each Petitioner)

C E R T I F I C A T E

WAYNE JOHNSON, #0913350

I hereby certify that the petitioner herein has the sum of
\$ 0 on account to his credit at the MARION CORRECTIONAL
institution where he is confined. I further certify that petitioner
likewise has the following securities to his credit according to the
records of said MARION CORRECTIONAL institution: NA

This 27th day of December, 19 2001.



Authorized Officer of Institution

RECEIVED

DEC 27 2001

TRUST FUND
OFFICE

PRISONER CONSENT FORM

I hereby give permission to the Authorized Officer of the Institution in which I am housed,
Maxion Corr Inst., to release a copy of my Commissary Account Statement to
the United States District Court for the Western District of North Carolina for the time period
beginning sixty (60) days before I signed my Application to Proceed In Forma Pauperis.

I recognize that the Court may consider my Commissary Account Statement in ruling on my
Application to Proceed In Forma Pauperis. I recognize also that my Commissary Account Statement
reflects the deposits and credits to my Commissary Account.

0213350

Wayne Thomas Johnson
Signature and Prisoner Number

Witnesses:

(who must be on the staff of the Institution where housed)

1. Refused
2. Refused

IBSR176 (76) NORTH CAROLINA DEPARTMENT OF CORRECTION 12/27/01
 INITIAL PAYMENT FOR FILING FEE 13:19:42
 INMATE : 0213350 - JOHNSON, WAYNE PAGE 1
 DATE : 12/27/2001

CURR LOC : 3730 - MARION CI CURR.BAL : \$.00
 STATUS : A - ACTIVE CANTEEN LMT : \$ 0.00 PCT : 100% SALES : \$ 0.00
 HOLDS : \$ 0.00 DEBTS : \$ 575.50 SPENDABLE : \$ 0.00

DATE RANGE	MONTHLY AVERAGE DEPOSITS	MONTHLY CURRENT BALANCES
-----	-----	-----
06/30 - 07/29	\$ 0.00	\$ 0.00
07/30 - 08/28	\$ 0.00	\$ 0.00
08/29 - 09/27	\$ 0.00	\$ 0.00
09/28 - 10/27	\$ 0.00	\$ 0.00
10/28 - 11/26	\$ 0.00	\$ 0.00
11/27 - 12/26	\$ 0.00	\$ 0.00

AVERAGE OVER 6 MONTHS DEPOSITS : \$ 0.00
 BALANCES : \$ 0.00

CALCULATED INITIAL PAYMENT : \$ 0.00

IBSR140 (60) NORTH CAROLINA DEPARTMENT OF CORRECTION 12/27/01
 TRUST FUND ACCOUNT STATEMENT 13:20:33
 FACILITY: 3730 - MARION CI PAGE 1
 FOR: 06/01/01 - 11/30/01

ACCT. NAME: JOHNSON, WAYNE ACCT#: 0213350
 BED: HU2S-062 TYPE: INMATE

ENDING BALANCE 11/30/01 \$ 0.00 INCLUDES CANTEEN LIMIT OF \$ 0.00

BATCH		REFERENCE				
DATE	NBR.	TYPE	NUMBER	FACL	+/-	AMOUNT

BEGINNING BALANCE 06/01/01 \$ 0.00

DEBT DATE	DEBT TIME	TYPE OF DEBT	AMOUNT OF DEBT	AMOUNT STILL OWED
09/27/00	19:25	MEDICAL -SICK CALL WITH NURSE	\$ 3.00	\$ 2.50
10/24/00	15:03	FILING FEES-CASE#5:00-CT-490-F3	\$ 150.00	\$ 145.00
11/27/00	11:30	DENTAL -SICK CALL/DENTIST	\$ 3.00	\$ 3.00
11/27/00	19:45	MEDICAL -SICK CALL WITH NURSE	\$ 3.00	\$ 3.00
11/30/00	08:15	DENTAL -SICK CALL/DENTIST	\$ 3.00	\$ 3.00
03/05/01	18:30	MEDICAL -SICK CALL WITH NURSE	\$ 3.00	\$ 3.00
04/25/01	09:32	FILING FEES-CASE#1:01CV36-MU-2	\$ 150.00	\$ 150.00
06/22/01	15:15	MEDICAL -SICK CALL WITH NURSE	\$ 3.00	\$ 3.00
08/06/01	11:47	FILING FEES-CASE#5:01-CT-508-H	\$ 150.00	\$ 150.00
09/17/01	10:00	MEDICAL -INMATE DECLARED EMER	\$ 5.00	\$ 5.00
10/02/01	12:50	FILING FEES-CASE#01-7488(CA-01-508-CT)	\$ 105.00	\$ 105.00
10/24/01	09:15	MEDICAL -SICK CALL WITH NURSE	\$ 3.00	\$ 3.00